CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM COH CITY OF SAN ANTONIO SHEET PG 1

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT#MIN JUL 13 (Ethics Commission filers)	A Tolen page filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR LAWNENCE	GUZMAN	OFFICE USE ONLY Date Received		
	NICKNAME LAST LARRY ROMO	SUFFIX	Date Neceyor		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2906 Wood Kno!		Date Hand-delivered or Date Postmarked		
Change of Address	SAN ANTONIO, TX	9825)			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER $(20)642-2982$	EXTENSION			
6 CAMPAIGN			Receipt # Amount		
TREASURER	MS/MRS/MR FIRST	MI	Date Processed Date Imaged		
NAME	NICKNAME LAST	SUFFIX	Date imaged		
	Rajes	Jn			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	5111, 511112,	ZIP CODE		
ADDRESS (Residence or business)	2585 INGRAM Rd 7	# 308, SAN Anton	10, TX 08751		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(210) 681-0080				
9 REPORTTYPE	January 15 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month Day	Year		
COVERED	01/01/04 THROL	06/30/	04		
11 ELECTION	Month Day Year ELECTION TYP	PE /			
	05/07/05 Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	1, District 6		
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign exper Candidates are required to disclose this information or	ditures made by others without the candi	idate's prior consent or approval		
EXPENDITURE BY OTHER	Name				
INDIVIDUALS					
	Address / PO Box; Apt. / Suite #; City; State; Z	(ip Code			
additional pages					
	GO TO F	PAGE 2			

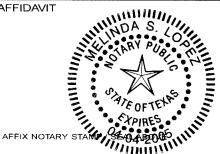
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CANDIDA [*] SUPPORT		CEHOLDER REPORT: S	RECE CITY OF SA	FORM C/OH ONTENDHEET PG 2
15 C/OH NAME LAWY	rence G.	Romo	2004 JUL 1	ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to a without the candidate's or officeholder's knowledge or of they receive notice of such expenditures.	support the candidates consent.	e / officeholder. <i>These expenditures</i> and officeholders are required to report
COMMITTEL(O)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (SS, LOANS, OR GUARANTEES OF LOANS), UNL		\$ N/A
	2. TOTAL	POLITICAL CONTRIBUTIONS		

EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS** \$ **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOANTOTALS LAST DAY OF THE REPORTING PERIOD \$

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed be	efore me, by the said <u>Larry Rono</u>	, this the Bridge day
of July , 20 04	, to certify which, witness my hand and seal of offi	ice.
Melinda S. lope	Welinda S. lope t	Natary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OF LOANS

RECEIVED SCHEDULE A

			IS CIT	Y OF SAN AN	TONIU {
		N GUIDE explains how to complete this form.	2001	1 Total pages Sch	
4		unerce G. Romo		3 ACCOUNT# (E	thics Commission filers)
4	Date Z_	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	JAN 04	6 Contributor address; City; State; Zip Code 39/0 CREEK SPRING		\$50,00	
9	Principal 90cu	Pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
		tined		,	
	Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	3	Bill / Rhonda MARI		contribution (\$)	description (if applicable)
	JAN	Contributor address; City; State; Zip Code	302	\$25,00	
	Principalmosus		875/		<u> </u>
		IN CA	Employer (See Ins	tructions)	
	Date				
	9	COSME BARCED)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	JAN	Contributor address; City; State; Zip Code 7934 Henden Cincl	10	\$35.00	
	Principal occur		18251		
	- molparoccup	value (See Instructions)	Employer (See Ins	tructions)	
	Date 13	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	JAN	Contributor address; City; State; Zip Code		\$20,00	
	04	SAN Antonio, TX D82	233		
		ation / Job title (See Instructions)	Employer (See Inst	ructions)	
	Date 26	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	JAN 04	Contributor address: City: State: Zip Code 2923 Human S Staten)	825.00 l	
		SAN ANTONIO, TX 282			
	Principal ocup	ation / Job fitle (See Instructions)	Employer (See Inst	ructions)	
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Texas Ethics Co	mmission P.O. Box 12070 Aust	in, Texas 78711-20		63-5800 1-800-325-85
	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOAN	RECE IS CITY OF SA CITY O	IVEN	SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.	2004 JUL 13	1 Total pages Sch	edule A:
	Mence G. Romo		3 ACCOUNT # (Et	hics Commission filers)
4 Date 26	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
JAN 04	6 Contributor address: City: State; Zip Code 2/84 PEANIAGE RA JULIANIAGE TVIIEHE, GA 3/046	•	\$50,00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 23	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Feb 04	221 E. BYRD UNIVERSAL City TV		\$20.00	
./ /	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date 23	Full name of contributor out-of-state PAC (ID#_ LONGE PCION E/17 ZUNDO		Amount of contribution (\$)	In-kind contribution description (if applicable)
Feb 04	Contributor address; City; State; Zip Code 943 SAN ANG Elo SAN ANTONIO (X)		\$ 25,00	·
Principal occup	vation / Jeb title (See Instructions)	Employer (See Ins	tructions)	
Date 5	Full name of contributor out-of-state PAC (ID#:_ Joe Man times		Amount of contribution (\$)	In-kind contribution description (if applicable)
MAR 04	Contributor address; City; State; Zip Code 110 GOR BAM SAN ANTONIO, TX	8276	\$25,00	
Principal Occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date 10	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
MAR 04	Contributor address; City; State; Zip Code >819 LANK RIAGE SAN ANTONIO, TX 28	25D	\$25,00	
Principal occupa	ation / 4 ob title (See Instructions)	Employer (See Inst	ructions)	
If contrib	ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru	S OF THIS FORM AS	S NEEDED ditional reportin	g requirements.

Contributor address; City; State; Zip Code

2108 Sh umand Lane

Principal occupation / Job title (See Instructions)

Date

Full name of contributor

Anount of contribution (\$)

Pfin Contributor address; City; State; Zip Code

OH

OH

Contributor address; City; State; Zip Code

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SAN ANTONIO, TX 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)

Anount of contribution (\$)

Anount of contribution (\$)

April Contributor address; City; State; Zip Code

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SAN ANTONIO, TX 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

exas Ethics C	Commission P.O. Box 12070 Austi	n, Texas 78711-20	70 (512) 46	63-5800 1-800-325-8
	TICAL CONTRIBUTIONS ER THAN PLEDGES OR LOAN	RECEI S CITY OF SAN CITY CI	VED I ANTONIO ERK	SCHEDULE A
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4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
20 Apr	Christopher Jenkin 6 Contributor address; City; State; Zip Code 4423 Shavano Peal		si 40,00	description (if applicable)
$\frac{UI}{UI}$	1 SAN ANTONIO, TX 2823	0		<u> </u>
12es	cupation / Job title (See Instructions)	10 Employer (See In	nstructions) The SCIEM	e Centen
Date 26	Full name of contributor out-of-state PAC (ID#:_ Nelia Schrum		Amount of contribution (\$)	In-kind contribution description (if applicable)
APR 04	Contributor address; City; State; Zip Code 19310 Heather Cres SAN Antonio TX De		\$100,00	
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date ZG	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
APR	Contributor address; City; State; Zip Code 12503 B/AZING STAN	Dn	\$25.00	·
	TAMPA, FIA 33626	<u> </u>] 	
	cupation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
26	MARY MORVA		contribution (\$)	description (if applicable)
APN U4	Contributor address; City; State; Zip Code 955 SW 38th 5+		#20,00	
		232		
Principal occ	cupation / Job title (See Instructions)	Employer (See In:	structions)	
Date O3	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
MAY	Contributor address; City; State; Zip Code 4414 PuHING GNEEN	_	9/00,00	
		8212	<u> </u>	
Principal oec	cupation / Job title (See Instructions)	Employer (See Ins	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MAY 6 Contributor address; City: State: Zip Code 8 30 2 Timben Yount 8 100.00 9 Principal opcupation / Job title (See Instructions) Date Full name of contributor Full name of contributor Date Full name of contributor OI DANNEL Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contributor description (if applicate PAC (IDIF) Amount of contributor (S) In-kind contributor ontribution (S) In-kind contributor ontribution (S) In-kind contributor ontributor (S) In-kind contributor OI JANNEL Principal occupation / Job title (See Instructions) Full name of contributor Date Full name of contributor In-kind contribution OC In-kind		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	CITY OF SA	OTO (512) 46 EIVED AN ANTONIO CLERK	3-5800 1-800-325-8 SCHEDULE A
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OI DAME POZZA Contributor address; City: State: Zip Code OH SAN ANTONIO, TX D8 ZSB Principal occupation / Job title (See Instructions) Date Rudy GONZALES TW Contributor address; City: State: Zip Code OH PD Box 18026 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date PD Box 18026 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code PD Box 18026 Principal occupation / Job title (See Instructions) Fant Can Sum Amount of contribution (\$) In-kind contribution (\$) Contributor address: City: State: Zip Code OH 3002 Dove Pank Lane San Antony TX 28253		pation / Job title (See Instructions)	Employer (See I	nstructions)	
Principal occupation / Job title (See Instructions) Date Full name of contributor occupation occupation Advisor address; City: State: Zip Code Colon Ado, Springs, CO 80935 Principal occupation Alob title (See Instructions) Principal occupation Alob title (See Instructions) Principal occupation Alob title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applicab) Principal occupation Alob title (See Instructions) Font (MSW) Amount of contribution (\$) In-kind contribution description (if applicab) The Contributor address: City: State: Zip Code Of 3007 Dove PMNX LANC SAN ANTONIO TX 28253	01	DAMEL POZZA			In-kind contribution description (if applicable)
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Rudy GONZALES Contributor address; City: State: Zip Code OH PD BOX 18026 ColonAdo SONINGS, CO 80935 Principal occupation/Job title (See Instructions) Date Full name of contributor CASIMINO (Synthia Luna Contributor address; City: State: Zip Code OH 3002 Dove PANK Lane San Antonia Tr. 18253	Principal occup	ation / Job title (See Instructions) /		nstructions)	
Principal occupation Wob title (See Instructions) Employer (See Instructions) FONT (AN SUN) Date Full name of contributor CAS IMINO / (YNTHIA LUNA) Contributor address; City; State; Zip Code OH 3202 Dove PANK LANE SAN ANTONIO TX 28253	02	^ _			In-kind contribution description (if applicable)
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04 3202 Dove PMK LANE 20.00 SAN ANTONIO TX 28253	21	CASIMINO/CYNTHIA	LUNA	Amount of	In-kind contribution description (if applicable)
		3207 Dove PMK LA	ne 18752	20.00	
Refine()		ation / Job title (See Instructions)	Employer (See Ir	nstructions)	

Principal occupation / Job title (See Instructions)

School Teacher

Date
TIM CAMPION

Contributor address; Gity; State; Zip Code

TIN Contributor address; Gity; State; Zip Code

Full name of Contributor (See Instructions)

Amount of contribution (S)

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Beverages

SAN ANTONIO TX 38202 FUND RAISCY (See Instructions)

Principal occupation / Job title (See Instructions)

Employer

Employer (See Instructions)

POLIT OTHE	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	RECEIVED NEY OF SAN AN CITY CLERI	O Tonio {	SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.	2004 JUL 13 A	:138 tal pages Sch	redule A:
2 FILER NAM			3 ACCOUNT# (E	thics Commission filers)
4 Date	5 Full name of contributor Duttof-state PAC U			
28	(201 - /1 il T	# ?V1)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Jun	6 Contributor address; City; State; Zip Con 11810 Thorough bre	de	\$50,00	1
04	SAN ANTONIO, TX	01 (RHI) 78253	11 50700	·
<u> </u>	upation / Job title (See Instructions)	10 Employer (See	Instructions)	L
Date 2 <i>6</i>	Full name of contributor, out-of-state PAC (ID)	# :	Amount of contribution (\$)	In-kind contribution description (if applicable)
JUN	Contributor address; City; State; Zip Cod	ie	\$20.00	İ
Principal occur	SAN ANTONIO, TX	18232		
Teache	2A & NATIONAL GUARD DEFICE	Employer (See I	nstructions)	TexAN ARMY NG
Date	Full name of contributor ut-of-state PAC (ID#		Amount of	
28	Contributor address: City State: Zin Code		contribution (\$)	In-kind contribution description (if applicable)
JUN 04	Contributor address; City; State; Zip Code 35/9 Dove PANK LAN	e P	\$ 70.00	•
	pation / Job title (See Instructions)	28253		
	TINE	Employer (See Ir	structions)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	
28 T.	Theresa & BARRY DU BU Contributor address: City: State: Zin Code	7/5	contribution (\$)	In-kind contribution description (if applicable)
Jun 04	Contributor address; City; State; Zip Code 8083 TIMBER POINT		\$ 20.00	
	SAN Antonio, TX 3	8250	1	
- IN ton	MATION Officer & RN	Employer (See In.	structions);	
Date ZG	Full name of contributor Out-of-state PAC (ID#:_	A	Amount of contribution (\$)	In-kind contribution description (if applicable)
Jun	Contributor address; City; State; Zip Code	(1	82000	
04	123 Lebanon San Antonio TX 06	223	\$30.00	
Principal occupa	ation / Job title (See Instructions) MGN SNELLEN MGN	Employer (See Ins	structions)	711 / 6
	J J J J J J J J J J J J J J J J J J J	LITTED AN	July CTA/6	Alfered Women's Shetter
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POLITICAL CONTRIBUTIONS

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FILERNAM	WRENCE G. ROMD		3 ACCOUNT# (EI	thics Commission filers)
Date 26	5 Full name of contributor out-of-state PAC (ID#_ CONNIC OARIGUET 6 Contributor address; City; State; Zip Code)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
JUN 04	SAN ANTONIO TX 287		\$10.00	
COUNCIL	upation / Job title (See Instructions) 1/1/1 Segul A STATE AGISTANT	10 Employer (See In:	structions) SAN AN	tonio
Date 26	Full name of contributor out-of-state PAC (ID#:_ TOE DE LA ROSA Contributor address; City; State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable
Jun 04	8222 Five PAIMS On	0.410	\$20.00	
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Date	Full name of contributor	FORT SA	M 1/00570	
28	Nonio & VIVIAN SEKI		Amount of contribution (\$)	In-kind contribution description (if applicable
JUN 04	Contributor address; City; State; Zip Code 9 F/Intstove Ct		\$ 20.00	
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tra	pation / Job title (See Instructions) STANCTUR / FROM NAM (WAS INSTANTANT	Employer (See Inst	ructions)	Sta College
2 <i>6</i>	Full name of contributor \(\begin{align*} \text{out-of-state PAC (ID#:\)} \\ \int \(\text{ICS VS} \) \(\text{NOR I C G A} \)		Amount of contribution (\$)	In-kind contribution description (if applicable)
JUN	Contributor address; City; State; Zip Code		\$20.00	
04	SAN ANTONIO 7X DE	221		
Principal occup	pation/Job title (See Instructions)	Employer (See Instr	uctions)	
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28	Ed Mims		contribution (\$)	In-kind contribution description (if applicable)
TUN 14	Contributor address; City; State; Zip Code 20554 WIND SPRINGS	9	10.00	
01	SAN Antonio, TX	8258		
rincipal occup	pation / Job title (See Instructions)	Employer (See Instr	uctions)	

Te	xas Ethics Co	mmission P.O. Box 12070 Austi	n, Texas 78711-20	70 (512) 46	53-5800 <u>1-800-325</u> -856
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2	FILER NAMI	Rence G. Romo		3 ACCOUNT# (EI	thics Commission filers)
4	Date 28	Full name of contributor out-of-state PAC (ID#:_ NANCY GI/bentson)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	TN 04	6 Contributor address; City; State; Zip Code 300 SNOW Bell TRAI)		8/0.00	[[
9	Principal occu	pation / Job title (See Instructions)	6256 10 Employer (See In	nstructions)	
	Date 26	Full name of contributor out-of-state PAC (ID#_	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
	JUN 04	Contributor address; City; State; Zip Code		\$10.00	<u> </u>
		pation/Job title (See Instructions) (A) CONSULTANT	Employer (See In	structions)	
	Date 28	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jun 04	Contributor address; City; State; Zip Code 259 E. Thompson		\$10.00	
	Principal occur	SAN ANTONIO, (X) Detion / Job title (See Instructions) Pep Menendez Staff Afficiant	8225 Employer (See In:		·
	Date 26	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jin	Contributor address; City; State; Zip Code 422 Juni pen	1	\$ 30.00	
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	Date	THE V			
	28	Ben Felden		Amount of contribution (\$)	In-kind contribution description (if applicable)
	IN 04	Contributor address; City; State; Zip Code 11) 30 Shadow Once Sh. A. L.		\$10.00	
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	lf contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	OF THIS FORM A	S NEEDED ditional reportir	ng requirements.

Tex	kas Ethics Co	mmission P.O. Box 12070 Austi	n, Texas 78711-20	70 (512) 46	63-5800 1-800-325-850
	POLITION	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	DECEIVED		SCHEDULE A
	The Instruction	ON GUIDE explains how to complete this form.	4 JUL 13 AT	Total pages Sch	edule A:
2	FILER NAMI	Nence G. Rom		3 ACCOUNT# (E	thics Commission filers)
4	Date	5 Full name of contributor	·	7 Amount of	8 In-kind contribution
	78	Steve Bepko		contribution (\$)	8 In-kind contribution description (if applicable)
	Jin 04	6 Contributor address: City: State: Zip Code 11823 Thorough bred San Antonio 7x 2829	53	\$40,00	1
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See)	nstructions)	
	Ke	al Estate	Se)F		
	Date 26	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	In-kind contribution description (if applicable)
		JUPIN 15/7/VERC			[
	IN	Contributor address; City; State; Zip Code 3450 Dove PANK LANC	0	\$ 50.00	
	04	SAN ANTONIO, TX DEZ	53		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	1011/	10101	
	28	SANDRA MARTINEZ		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jun	Contributor address; City; State; Zip Code			
	04	2946 LAKELMING	י בייב	\$20.00	
	Principal occur	SAN ANTONIO, TX 280 Dation / Job title (See Instructions)			
	VAN	ole Officen	Employer (See In	ounty	
	Date 28	Full name of contributor out-of-state PAC (ID#_ MAX (M) CONTA (ES)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Jin	Contributor address; City; State; Zip Code 815 West Jeaf		# 20.00	
	04	SAN ANTONIO, TX 782	220	-	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	N
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	28	Jesse Alcala		contribution (\$)	description (if applicable)
	Jin	Contributor address; City; State; Zip Code 1 Sh Sh John John W		\$ 20.00	
	04	SAN ANTONIO TX 78	733	!	
	Principal ocelup	ation / Job Mile (See Instructions)	Employer (See In:	structions)	

POLITION OTHER	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOAN	in, Texas 78711-20 RECI IS CITY OF SA CITY	DTO (512) 46 EIVED AN ANTONIO CLERK	53-5800 1-800-325- SCHEDULE A
	ON GUIDE explains how to complete this form.	2004 JUL 1	31 And Lages Sch	edule A:
FILER NAME	Mence G. Rong		3 ACCOUNT # (EI	thics Commission filers)
28 Tin	5 Full name of contributor out-of-state PAC (ID#) CLEMENT ECHEVARIA 6 Contributor address: City; State; Zip Code 3350 DW PARK LA	re	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	pation / Job title (See Instructions)	5 25 5 10 Employer (See I	nstructions)	
Date 28 In	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04	1622 Wringler	8227	\$20,00	
Re	P4 (CCO)	Employer (See In	estructions)	
Date 2 8	Full name of contributor out-of-state PAC (ID#:_ JUE / TEN i / bmnn n Contributor address; City: State: Zin Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Jun	Contributor address; City; State; Zip Code 3422 Dow PANK Land	0	\$40,00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date 7 %	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
JUN 04	Contributor address; City; State; Zip Code 12030 VIN 1 AGE POI SAN ANTONIO, EX	int 28253	\$20.00	
Principal occupa	ation/Job title (See Instructions)	Employer (See Ins		
Date 29 Jun	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
04 rincipal occupa	D910 AIN Flight ST SAN ANTONIO TX D82 Ition/Job title (See Instructions)	50 Employer (See Ins		
	ATTACH ADDITIONAL COPIES utor is out-of-state PAC, please see instru	OF THIS FORM A	e needed	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

State; Zip Code

Contributor address:

Principal occupation / Job title (See Instructions)

POLITICAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruction Guide explains how to complete this form.	2004 JUL 13 A1117038ge	S Schedule F:
2 FILER NAME LAWRENCE G. ROMO	3 ACCOUNT	# (Ethics Commission filers)
JAN 6 Payee address; City; State; Zip Code		7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) Super Dowl Panty Adventisement	9 Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
Date Payee name 23 South SAN ANTONIO CHAMIL Payee address: City; State; Zip Code 8010 Challengen DR BAOOKS (1+x-BASE, TX		Amount (\$)
Purpose of payment (See instructions regarding type of information required.) ANNUAL DINNER	•• Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
Date Payee name Cagewood Resident's For Feb Payee address; City; State; Zip Code 14/9 Wood Seen SAN ANTONIO TX	2 A Better France 8248	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) (AMPAIGN DONATION	•• Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
Date Payee name 25 VN, +cA S+. +cs PCS+.A) Se MA11 2300 S+AN/ey RO FONT SAM HOUSTON, TX Purpose of payment (See instructions regarding type of information	<i>58234</i>	Amount (\$) \$74.00
Postage Stamps for Campaion Letters	Complete if direct expenditure Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

Date Payee name Amount

Date Payee name Amount

Outed States Pistal Service

Jun Payee address; City: State; Zip Code

2300 Stanley Rol

899.00

Purpose of payment (See instructions regarding type of information required.)

Postage Stamps for Campaign Letters

Candi

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

+ Post Concis

Payee name Amount (\$) Payee address: City; State; Zip Code

Purpose of payment (See instructions regarding type of information

· Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Date